



REQUEST AND AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

State Form 48905 (5-98)

I, _____ hereby, request and authorize the Indiana Commission on Proprietary Education to release a copy of my official student transcript to each person or place named below.

List full name, address, and / or fax number of the party who is to receive the transcript including your name and address if you wish to receive a copy, also.

To locate your student record the following information is required:

Student name at time of attendance:

Social Security number:

Birthdate:

School attended:

Location of school:

Dates attended:

Course or program name:

Your current address:

Telephone number: (work)

(home)

Signature required for release:

Signature of requestor

Date

Mail or Fax your Transcript Request to: INDIANA COMMISSION ON PROPRIETARY EDUCATION
302 WEST WASHINGTON STREET, ROOM E201
INDIANAPOLIS, IN 46204
TELEPHONE NUMBER: (317) 232-1320, or TOLL FREE IN STATE 1-800-227-5695
FAX NUMBER: (317) 233-4219

NOTE: A transcript is considered official only when sent directly from this agency to the designated institution or employer.